MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SEF	SERIAL NO.	FILING DATE
	APPLICANT(S)	

CLAIMS

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TOTAL CLAIMS		4.60		1235		XAAS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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FORM **PTO-1360** (REV. 3-78)

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